



Family Physicians of St. Joseph, P.C.  
**DIRECT PRIMARY CARE**

## Authorization for Release of Medical Records

Patient's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

**FROM:** I authorize and request \_\_\_\_\_  
Name (Practice or Person) Phone Number

at \_\_\_\_\_  
Address City State Zip

To release information contained in my patient records, which may include:

- Records containing alcohol and drug abuse and mental health information
- Records specific to information about human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and AIDS related complex (ARC)

**TO:** \_\_\_\_\_  
Name (practice or Person) Phone Number

\_\_\_\_\_

**Information to be disclosed:**

- Complete copy of medical chart
- Laboratory Reports
- Radiology Reports
- Emergency Room Reports
- Specific Dates of Treatment \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Purpose for Disclosure:**

- Continuing care / second opinion
- Changing Doctors
- Attorney/Court Request
- Insurance Audit
- Other (please specify) \_\_\_\_\_

**ELECTRONIC COPY ONLY**

I understand that this authorization will automatically expire when the purpose for which it was signed is accomplished. I also understand that I may revoke this authorization in writing at any time, unless some action has been taken by Family Physicians of St Joseph, PC, based on this consent. This authorization will expire 180 days from the date of signature below. I understand it is my responsibility for all charges from the medical facilities for medical records transferred to or from Family Physicians of St Joseph, PC.

\_\_\_\_\_  
 Signature of patient or legal representative Date

\_\_\_\_\_  
 Print patient or legal representative name Relationship to Patient

\_\_\_\_\_  
 Signature of Witness Date

Notice: This information is disclosed to you from records whose confidentiality is protected by law. You are prohibited from making any further disclosure of it, without the specific authorization of the person to whom it pertains (TITLE 42 CODE OF FEDERAL REGULATIONS, PART 2.)